

**KENTUCKY STATE BOARD OF CHIROPRACTIC EXAMINERS
PEER REVIEW COMMITTEE
KRS 312.200; 201 KAR 21:075
P. O. Box 183
Glasgow, Kentucky 42142-0183**

PETITION FOR REVIEW

The undersigned hereby request review of the following case file:

PATIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOCTOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

THIRD PARTY PAYOR (INSURANCE CO.): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SENIOR CLAIMS REPRESENTATIVE ORDERING REVIEW: _____

PERSON REQUESTING REVIEW: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REPRESENTING: _____ PHONE: _____

REASON FOR REVIEW: _____

(If more space is needed, attach separate sheet. Do Not Exceed one page)

Please enclose a copy of the patient's signature authorizing release of information, or (patient) sign below to release information.

Please attach six (6) copies [five (5) sanitized copies, see attached instructions] of any written documentation that will assist the reviewer in evaluating the case (doctor reports, correspondence, etc.)

What steps have been taken to resolve this case prior to petitioning for this review?
Please explain: _____

Has a qualified independent chiropractic examination been requested? _____ Yes _____
No. If so, please attach a copy of the examiner's name an address and a copy of the examiner's actual findings. Kentucky Board approved/certified ICE only.

Signature _____

Print name _____

Date _____